

APR 14 2006

Application No. (if known): 10/706,854

Attorney Docket No.: 15115/095001

## Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EV842277065US in an envelope addressed to:

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on April 14, 2006  
Date



Signature

Kim Hennessey

\_\_\_\_\_  
Typed or printed name of person signing Certificate

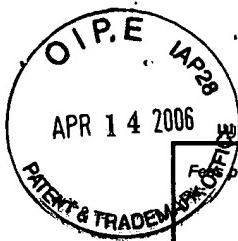
\_\_\_\_\_  
Registration Number, if applicable

\_\_\_\_\_  
(713) 228-8600

\_\_\_\_\_  
Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Fee Transmittal (1 page)  
Two Month Request for Extension of Time Under 37 CFR 1.136(a) (2 pages)  
Request for Continued Examination Transmittal (1 page)  
Reply Under 37 CFR § 1.116 (7 pages)  
Payment by credit card. Form PTO-2038 is attached (1 page)  
Charge \$1,240.00 to credit card  
Postcard



APR 14 2006

**Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.**

Approved for use through 7/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
to a collection of information unless it displays a valid OMB control number.

# **FEE TRANSMITTAL**

## **For FY 2006**

<p style="text-align: center;"><b>FEE TRANSMITTAL</b> <b>For FY 2006</b></p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<b>Complete if Known</b>	
		Application Number	10/706,854-Conf. #6547
		Filing Date	November 12, 2003
		First Named Inventor	Hironori Sanada
		Examiner Name	B. Rojas
TOTAL AMOUNT OF PAYMENT	(\$)	1,240.00	Attorney Docket No.

**METHOD OF PAYMENT** (check all that apply)

<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number: <u>50-0591</u>	Deposit Account Name: _____	Osha · Liang LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## **2. EXCESS CLAIM FEES**

**Fee Description**

**Each claim over 20 (including Reissues)**

Small Entity

Each independent claim over 3 (including Reissues)

200 100

#### Multiple dependent claims

360 180

Total Claims      Extra Claims      Fee (\$)      Fee Paid (\$)  
6      - 20 =      x      =

**Multiple Dependent Claims**

**HP** = highest number of total claims paid for, if greater than 20.

**Indep. Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**

---

1      - 3 = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

### 3 APPLICATION SIZE EEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets      Extra Sheets      Number of each additional 50 or fraction thereof      Fee (\$)      Fee Paid (\$)  
\_\_\_\_\_ - 100 = \_\_\_\_\_ /50 \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1252 Extension for response within second month

1801 Request for continued examination (RCE) (see 37 ...

450.00

790.00

SUBMITTED BY				
Signature		Registration No. (Attorney/Agent)	33,986	Telephone
Name (Print/Type)	Jonathan P. Osha	T. Chyan Liang #48885	Date	April 14, 2006